1. NAME, ADDRESS, E-MAIL ADDRESS OF APPLICANT (Please Print)			4. PROFESSIONAL STATUS (Continued)	
Mr./Ms/Dr. Last	First	M.I.	Brief Description of Your Present (or Expected) Position (Con't)	
Home (or Office Address)				
City	State Zip Phone #			
			5. TRAINING CLASSES (PLEASE CIRCLE DESIRED TRAINING CLASS)	
E-Mail:			1. PCPE	9. Presentation/Facilitation Skills
Unique Participant ID: Birth Month	Birth Day Last 4 numbers of SS		2. QA for PCPE (Must have taken PCPE)	10. STD Facts and Fallacies
Please send PCPE pre-course:	Date/Location of course:		3. Bridging Theory and Practice	11. Safety One
Yes □ No □			4. Effective Brainstorming / Strategic Shift	12. Other
3. EMPLOYER	L		5. Systems Thinking / Systems Changing	
Organization			6. Effective Facilitation	
Division/Unit			7. Outcome Monitoring for EBI	
			8. Outcome Monitoring for PCM	
Local Address (if different from above)		Space is limited. Please wait for confirmation of enrollment.		
City	State Zip Phone #		Signature of Applicant	(Date)
4. PROFESSIONAL STATUS				
Occupation			Signature of Approving Supervisor	(Date)
Position Title		Printed Name/ Title of Approving Supervisor		
Brief Description of Your Present (or Expected) Position			Supervisor Address (if different)	
			Work Phone	Fax No.
Length of Time in Position	Length of Time in Profession		Email Address	

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004) (revised 9/7/2004)